



PRINTED: 10/24/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/29/2016
NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE		STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Hoke County Department of Social Services conducted an annual and follow-up survey and complaint investigations on 09/27/16 - 09/29/16. One of the complaint investigations was initiated by the Hoke County Department of Social Services on 08/23/16.	D 000		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the residents were able to receive phone calls and communicate with family members via phone during reasonable hours due to facility staff failing to answer the phone at times and the facility's phone system not working properly. The findings are: Interview with a staff member in the Safe Haven Unit on 09/27/16 at 3:45 p.m. revealed: -There was a stationary phone at the nurse's station for residents to make and receive telephone calls. -Staff members would assist the residents to the nurse's station to use the phone. -There was one resident in the Safe Haven Unit that had their own personal phone. -All incoming calls were routed through the main front desk but if the incoming call was not	D 338	Response to the cited deficiency does not constitute an admission or agreement by the facility of the facts alleged or conclusion set forth in the Statement of Deficiencies or corrective action report; The Plan of Correction is solely prepared as a matter of compliance with State Law. All staff have been educated on answering the phones in a timely manner, and how to work the phone system correctly. The phones have the volume turned up and can be heard well. If the call is for a resident the staff member will inform the resident and get them to the phone immediately. If the resident is unavailable at the time of the call staff will take a message and help resident return the call in a timely manner. All calls left on the voice mail will be answered and returned promptly. The Executive Director will be responsible to assure that the area referenced in the plan of correction will be implemented and assure maintenance of compliance are followed by all staff.	10/3/2016

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Deanna Smith

TITLE

Executive Director

(X6) DATE

10/28/16

STATE FORM

6899

VSW711

If continuation sheet Vol 10

* The plan of correction with addendum was reviewed and accepted on 11/14/16. Refer to the addendum on page 2 of 10 on this Statement of Deficiencies.

W. Williams 11/14/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/29/2016
--	--	--	--

NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	<p>Continued From page 1</p> <p>answered, the incoming call "rolls over" to the Safe Haven Unit.</p> <ul style="list-style-type: none"> -Residents were able to use the phone anytime someone called to speak with them. <p>Confidential interview with a family member revealed:</p> <ul style="list-style-type: none"> -The family member could never get through when calls were made to the facility; there would be "days no one would answer the phone". -The family member avoided calling during meals because that would be a busy time and it would be difficult for staff to answer the phone. -There was no designated person at the facility to answer the phone. -The family member felt the facility did not have enough staff to answer the incoming phone calls. -At times, when a call was placed to the facility, the call would be transferred to another number or to an outgoing recording that gave the option to leave a message with instructions. The call would be returned and at times would not even allow a message to be left. -There were numerous times messages were left, but there were no return calls received. -The family member was able to speak with the resident during 2 recent attempts but "this was an exception rather than the rule". -The family members were "irritated". -The family member had shared their ongoing concerns with the previous Executive Director and with Corporate staff regarding the inability of the resident to speak with the family but no resolution had been provided. <p>Confidential interview with a second family member revealed:</p> <ul style="list-style-type: none"> -The family member visited a resident at the facility 2 to 3 times per week. -The family member rarely called the facility but 	D 338 D338	<p>Addendum per telephone with Ms. Deanna Smith on 11/14/16:</p> <p>The phone lines have been repaired. The Supervisors on duty are responsible for checking the phone messages daily as soon as the message indicator lights on the phones lights up. Phone calls will be returned on the same day a message is left in a timely manner. The ED monitors by making random calls to the facility phones at different times, including evenings and weekends to assure staff are answering phones as required. The ED gets feedback from residents, staff and family members. The ED calls family members for feedback at least twice a week.</p> <p><i>W. Williams</i> 11/14/16</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/29/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	<p>Continued From page 2</p> <p>understood from other family members there were issues with no one answering the phone.</p> <ul style="list-style-type: none"> -During the family members' past visits, the phone never rang, until recently, so the facility must have resolved the phone call issues. -The family member called last week and did reach a receptionist. <p>Confidential interview with a third family member revealed:</p> <ul style="list-style-type: none"> -Since their family member had been admitted as a resident to the facility no one would answer the phone; a recorded message was received but would not allow a message to be left. -The family member attempted to clarify if the number used to call the facility was the correct number by calling the corporate office, however, corporate did not know and did not offer any additional information at that time but the family member was able to reach the resident the next day. -Unsuccessful calls to speak with the resident at the facility had ranged from no one answering the phone at all, a repetitive phone ring only, dropped calls, or messages left on a voicemail with no return call. -The family member was told by one of the staff members that the phones were "turned off" at 6:00 p.m. -The resident loved to hear from her family and it was wrong for the resident not to be able to speak with her family. -There was one occasion the family member tried 5 times in one day to get a call through but gave up after no one was ever reached. -The family member stated, "They should answer the phone; What if this was an emergency?" -There had been attempted telephone calls made at all times during the day but "it doesn't matter, no one answers". 	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/29/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

D 338	<p>Continued From page 3</p> <p>Observation when a telephone call was placed by a surveyor to the facility's webpage contact number on 09/27/16 at 7:40 p.m. revealed:</p> <ul style="list-style-type: none"> -The number was dialed followed by one telephone ring. -The call was connected to a recording with instructions to hold. -There were greater than 15 telephone rings. -A recorded message was received that no one was available. -The telephone call connection was automatically disconnected. <p>Observation when a telephone call was made by a surveyor to the facility using a number given by a family member on 09/28/16 at 11:28 a.m. revealed:</p> <ul style="list-style-type: none"> -The number was dialed followed by one telephone ring. -The call was connected to a recording and then transferred to a general mailbox that gave the caller the option to leave a message on the general mail box. <p>Confidential interview with a staff member revealed:</p> <ul style="list-style-type: none"> -At one time the phones were placed on a "night ring" in late the late evening instead of someone physically picking up the phone. -The caller would be directed to call a different number and in order to speak with someone at the facility the caller would have to know the extension to dial. -There were several complaints made by family members that they could not reach the residents when they called. -The facility's Information Technology (IT) group had to get involved with the telephone issue. -The facility held a meeting with staff about a 	D 338		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/29/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

D 338	<p>Continued From page 4</p> <p>month ago and information was shared with staff that the telephone issue had been corrected.</p> <ul style="list-style-type: none"> -The staff person was not aware of any further family complaints related to the phone system since the meeting a month ago. -The staff member was unsure who checked telephone messages that were left on a general mailbox voice mail at the facility. <p>Confidential interview with a fourth family member revealed:</p> <ul style="list-style-type: none"> -The family member had made attempts to reach a staff member concerning a resident a couple of weeks ago. -The family member was not able to speak with a staff person but left a voice message to return the call. -The family member did not receive a return call. - A few days later, the family member called the facility again and finally spoke with a staff member. <p>Confidential interview with a fifth family member revealed:</p> <ul style="list-style-type: none"> -The family member had difficulty at times getting someone to pick up the phone at the front desk. -A month ago, the family member called four times during the mid morning and never got anyone to answer the phone or a voice mail to leave a message. -She did not tell anyone because she did not think there would be any changes. -The facility needed someone full time to answer the phones. <p>Interview with a medication aide on 09/29/16 at 6:25 p.m. revealed:</p> <ul style="list-style-type: none"> -The phone was set to ring at both nursing stations (assisted living and Safe Haven) after 5:00 p.m. 	D 338		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/29/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	<p>Continued From page 5</p> <ul style="list-style-type: none"> -If one of the staff picked up the phone and needed to transfer it, they did. -If no one answered the transferred call, it would ring back to the original transfer point. -If the person who answered the phone did not know how to transfer the call, they could put it on "PARK" then let staff know which extension to answer. <p>Interview with a personal care aide (PCA) on 09/29/16 at 6:40 p.m. revealed:</p> <ul style="list-style-type: none"> -Two months ago a resident's family member stated she could not reach anyone at the facility by phone. -The resident's family member stated the phone number she had dialed would just ring and then go to voice mail. -The resident's family member stated she was calling to check on a resident and was only able to leave a voice mail. -The resident's family member did not mention receiving a return phone call. -The PCA told the nurse on duty (a former employee) what the family member told her about not being able to contact someone at the facility by phone. -The PCA was not sure what the nurse did with the information about resident's family member not being able to contact anyone at the facility. <p>Interview with the Resident Care Coordinator (RCC) on 09/29/16 at 6:45 p.m. revealed:</p> <ul style="list-style-type: none"> -The residents on the assisted living side of the facility had their own phones in their rooms. -If someone called the main facility line, staff could transfer them to the individual resident's phone in their resident room. -If the resident did not answer, it would ring back to the facility phone and staff were supposed to either find the resident or take a message for the 	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/29/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	<p>Continued From page 6</p> <p>resident.</p> <ul style="list-style-type: none"> -If staff was providing resident care and unable to answer the phones, it would just ring. -Facility staff did not have access to check any voice mails on the main phone system. -Family members have complained to her about not getting an answer when they called the facility. -Staff may have been busy and unable to answer the phone. <p>Confidential interview with a sixth family member revealed:</p> <ul style="list-style-type: none"> -The family sometimes had a problem getting someone to answer the phone when they called to speak to the resident. -They would call the main number to the facility because the resident had dementia and did not have a phone in the resident's room. -When they called the facility's main number, no one would answer. -They would have to wait a while and call back to try to get someone to answer so they could talk to the resident. <p>Confidential interview with a seventh family member revealed:</p> <ul style="list-style-type: none"> -The family had a problem getting someone to answer the phone when they called the facility. -The family would call the facility's main number because the resident had dementia and did not have a phone in the resident's room. -When the family called the facility, sometimes a recorded message would pick up and it would loop to a continuous voice mail and say leave a message but it would cut off and a message could not be left. -Sometimes when a person would answer and transfer the call to the nurses' station, it would ring back and staff would not pick up and it would 	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/29/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	<p>Continued From page 7</p> <p>go back to the loop with the recorded message.</p> <ul style="list-style-type: none"> -The family member had tried to call for the resident at least twice in the past week and it would go to the loop of recordings. -The family had complained in the past to the former nurse but they still had a problem getting calls through to the facility. <p>Observation when a telephone call was made by a surveyor to the facility using a number given by a family member on 09/29/16 at 6:52 a.m. revealed:</p> <ul style="list-style-type: none"> -The number was dialed followed by one telephone ring. -The call was connected to a recording then transferred to a general mailbox that gave the caller the option to leave a message on the general mail box. <p>Interview with the Administrator on 09/29/16 at 9:35 a.m. revealed:</p> <ul style="list-style-type: none"> -The facility's phone line and computer system had gone down due to a storm last night on 09/28/16. -There were crews currently working on repairing the lines but the phones and computers were not currently working. -This was her second week working at the facility and she was not aware of any problems with the phones or staff answering the phones prior to the problems with the storm last night on 09/28/16. <p>Interview with the Regional Director of Operations (RDO) on 09/29/16 at 4:30 p.m. revealed:</p> <ul style="list-style-type: none"> -In August 2016, she had made some phone calls to the facility and noticed it would roll to a recording. -On 08/24/16, she notified the corporate office and requested repair for the phone system. -On 08/25/16, corporate IT department remotely 	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/29/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	<p>Continued From page 8</p> <p>repaired the phone system as it was connected to the facility's computer system.</p> <p>-No family members had complained to her about the phone system and not being able to communicate with the residents.</p> <p>-She was not aware there were any current problems with the phones not being answered by staff or the phone lines not working appropriately.</p> <p>Interview with the RDO on 09/29/16 at 6:00 p.m. revealed:</p> <p>-A lightning strike from the storm on the evening of 09/28/16 had destroyed a power data switch and crews had been trying to repair it today on 09/29/16.</p> <p>-It was causing a data block and the phones were not working since they were connected with the computer system.</p> <p>-New parts had to be ordered and the earliest arrival and repair time was Saturday, 10/01/16 and the latest was Monday, 10/03/16.</p> <p>-The facility had established a cell phone line for use at the facility today on 09/29/16 and they had called the responsible parties for the residents and notified them of the temporary number to contact the facility until the repairs could be made.</p> <p>-The facility staff would also contact residents' physicians and notify them of the temporary facility phone number.</p> <p>-Once repaired, they would assure the lines were ringing to the appropriate facility phones and that staff were answering phones so calls could get to the residents.</p>	D 338		
D918	<p>G.S. 131D-21(8) Declaration of Resident's Rights</p> <p>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights:</p>	D918	<p>Refer to D338.</p> <p><i>WW</i> <i>11/17/16</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/29/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D918	<p>Continued From page 9</p> <p>8. To associate and communicate privately and without restriction with people and groups of his or her own choice on his or her own or their initiative and any reasonable hour.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure every resident had the right to communicate without restrictions with family members via telephone.</p> <p>The findings are:</p> <p>Based on observations and interviews, the facility failed to assure the residents were able to receive phone calls and communicate with family members via phone during reasonable hours due to facility staff failing to answer the phone at times and the facility's phone system not working properly. [Refer to Tag D338 10A NCAC 13F .0909 Resident Rights (Standard Deficiency).]</p>	D918		